

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/05) And Unemployment Insurance Return-Attachment0418-C025 NY 06001 TAXPAY*
Withholding identification number 133949590 1

Employer legal name:

PARK IT MANAGEMENT CORP

Mark an X in the applicable box(es):
A. Original ☒ or Amended return

Jan 1 - Mar 31	Apr 1 - Jun 30	Jul 1 - Sep 30	Oct 1 - Dec 31	Year	OS
1	2	3	4	YY	

B. Other wages only reported on this page ...

C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	U1 total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	Total tax withheld
113-88-0927	MIRJAIL ENAB	7630.00	14110.00	374.89
116-50-0087	CHERREZ RAFAEL	5205.00	19415.00	474.38
117-78-2170	YOUSSEF TARAK	6584.56	25762.83	918.81
118-80-5288	LOPEZ PEDRO	3475.00	3475.00	70.23
118-62-5682	MONEIRO HENRI WILLIAMS	2406.25	14160.75	419.67
119-32-3391	SPINDLER FRED	7129.20	28516.80	12758.67
120-94-8072	CLEMENTE ABRAM E	2510.00	2510.00	101.10
121-04-2958	DE LA CRUZ JUAN	7855.00	22507.50	1038.87
122-44-0387	PERLATA HORACIO	6503.19	22443.23	911.67
123-45-6781	LUNA DANIEL	0.00	480.00	11.69
123-74-1479	ACEVEDO JOHNY	4100.00	16600.00	530.76
123-84-1835	MARTE BLADIMIRE	0.00	480.00	11.80
123-90-6494	RAHOON SABASTIAN	0.00	1400.00	42.28
124-56-4711	MONTALBANO LORRAINE	0.00	10720.00	716.46
124-84-4325	HABIB SAMIR F	6578.14	23440.78	897.05
125-26-6672	PEHA LOUIS FERNANDO	0.00	9440.00	169.18
Total this page only		59565.34	215469.88	19567.10

Page No. 7 of 11

If first page, enter grand totals of all pages

Contact information (Name (see instructions))	REFERENCE COPY PREPARED BY PATCHEX	Daytime telephone number DO NOT FILE
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For office use only
Payment

Residual date

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4118
SINGHAUTON NY 13063-4118NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/05) And Unemployment Insurance Return-Attachment0418-C025 NY 06001 TAXPAY*
Withholding identification number 133949590 1

Employer legal name:

PARK IT MANAGEMENT CORP

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C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	U1 total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	Total tax withheld
125-66-9679	BLACHEA JORGE JR	2075.00	2075.00	51.44
126-82-8176	GARCIA ANGEL	4730.00	15110.00	501.02
127-66-5964	BUITRAGO JIMMY	3718.00	4394.00	163.02
128-58-7021	GROSSMAN BRADLEY	6500.00	16500.00	771.05
129-13-9235	VASSEF RASHY	0.00	4375.00	125.20
129-85-9319	BERKEO ARTURO	5190.00	20071.25	565.18
136-15-7347	SERANO RICARDO	0.00	6130.00	148.23
138-08-0834	MERHAIEL ENAB	5070.00	18170.00	397.32
139-11-1922	HANA PETER	0.00	6692.00	46.71
141-15-3394	SCORBY NADER	0.00	5962.50	275.31
142-64-8361	ERAJALES GUSTAVO	4572.50	16122.50	351.17
143-02-5835	RODRIGUEZ JUNIOR	5762.00	10760.00	301.79
144-84-7369	GOMEZ HERMAN	0.00	10344.50	210.81
149-49-5881	ROJAS FREDY	5140.00	16620.00	577.60
153-29-6351	ANDRADE LUIS	949.00	1929.00	16.56
154-13-2084	BUDMAN GABRIEL JAIME	3910.00	15950.00	338.31
Total this page only		48416.50	178505.75	4792.92

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Quarterly employee/paysor wage reporting information

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162-44-8726	CARANGUI JULIO	6540.00	20500.00	760.02
162-78-7612	GRIJZ RICARDO	0.00	4765.00	118.63
165-09-7654	TORO ALEXANDER	0.00	332.50	9.95
171-76-8259	BUDMAN JORGE I	4730.00	15370.00	527.57
174-23-2376	LARREA MARCELO	2575.00	3575.00	61.29
181-80-3295	GIRGJS MICHEL	0.00	8820.00	181.16
186-59-6745	ROJAS MICHAEL FABRICIO	2782.00	2782.00	94.75
201-66-0796	FAYCAN MARCELO	8242.00	24653.00	1156.10
202-36-7384	JEAN MARC JAVIER	0.00	10240.00	272.78
209-72-7678	EUGENE CLOVIS EMANUEL	520.00	520.00	14.04
213-76-4537	CANASNO JORGE	3610.00	14110.00	383.13
216-37-8988	GARAY ALEJANDRO	0.00	1440.00	31.62
231-79-4556	MONTAÑA FRANCISCO J	4150.00	15990.00	125.05
234-56-7850	ALTAMIRANO R FERNANDO	4235.00	19830.00	747.46
237-78-9035	UREILES WILMER	0.00	8256.00	242.65
237-99-2095	BERMUDEZ FERNANDO PARRA	0.00	3600.00	87.60
Total this page only		38384.00	153983.50	4739.81

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1	2	3	4	YY	

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Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	U1 total remuneration/gross wages paid this quarter	Gross wages or distribution (see instr.)	Total tax withheld
261-89-8589	ENRIQUETA MIGUEL	4982.00	15678.00	520.43
275-83-4115	HERNANDEZ GERMAN	4375.00	8806.28	282.17
300-52-3715	SANCHEZ SALVADOR GUERRER	3610.00	14410.00	395.01
301-55-3616	VELEZ JUAN MOLINA	0.00	7624.50	178.53
312-76-5647	ESCHEVERRI BORIS	0.00	7750.00	178.06
313-72-2447	ROJAS FRANCISCO	5070.00	20072.00	609.04
458-23-2726	RODRIGUEZ DIANA	10450.00	40360.00	1768.84
461-57-2277	NEDINA SEGUNDO	4150.00	16080.00	182.31
509-22-7178	CORONEL CHRISTIAN	2184.00	9422.00	188.54
513-22-4910	MATUTE JAVIER	0.00	1462.50	73.92
582-21-2424	MORALES-DELGADO PEDRO JUAN	4544.00	13305.28	420.83
583-63-2883	HALDONADO HECTOR	0.00	1895.00	49.14
590-81-3536	NARANJO JOHN F	0.00	5219.00	133.60
595-95-1127	ISRAHEM HAGED S	3325.00	5075.00	128.60
597-56-0734	CONSORO JUAN M E	4692.00	14675.00	455.03
609-66-5445	LUPIC MARYS	10030.00	33340.00	1951.53
Total this page only		57412.00	216205.56	7743.67

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PO BOX 4118
SINGHAUTON NY 13063-4118

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/05) And Unemployment Insurance Return-Attachment0418-C025 NY 05274 TAXPAY*
Withholding identification number 12319550 1

62515177

Employer legal name:

PARK IT MANAGEMENT CORP

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Jan 1 - Mar 31	Apr 1 - Jun 30	Jul 1 - Sep 30	Oct 1 - Dec 31	Year	OS
1	2	3	4	YY	

B. Other wages only reported on this page ...

C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Total tax
080-91-9425	ANGLIS RONALDO	4856.25	
089-76-6500	FOLANCO VICTOR	3540.00	
095-92-6615	RAFLA POLOS II	3580.00	
090-77-9741	RIYERA WALTER	4102.00	
091-76-4784	ACOSTA FELIPE	5313.50	
091-92-7837	MARTE VICTOR	5440.00	
093-70-7150	HERRERA GERARDO	10910.58	
093-82-2770	BARRERA JIMMY	3500.00	
093-86-6513	SANCHEZ ALVARO	3458.00	
093-86-7894	BRATO LUIS	5535.00	
094-50-7158	SPINDLER GARY	47550.00	
094-50-7559	SPINDLER ADAM	8400.00	
095-07-9565	YANEZ JOSE L	2640.00	
097-68-7827	ROMERO JORGE	4727.50	
097-94-5478	FAJARDO CESAR	4342.00	
098-55-9045	VELASQUEZ SANTIAGO	1500.00	

Page No. 4 of 8 Total this page only

12315.01

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Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/05) And Unemployment Insurance Return-Attachment0418-C025 NY 05274 TAXPAY*
Withholding identification number 12319550 1

62515177

Employer legal name:

PARK IT MANAGEMENT CORP

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1	2	3	4	YY	

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C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Total tax
100-74-5778	FERNANDEZ JUAN C	6550.00	
100-80-0875	CONTALEX GIOVANNI	5318.00	
101-66-7913	SUCUMWAY MONDEL	783.00	
103-66-3527	FANDINO CARLOS	1040.00	
104-54-2328	EVANS ALONZO	5740.00	
104-94-3578	IANAHA GAIL A	300.00	
105-86-7656	CRUZ RAYMOND	4585.50	
106-77-0541	ANDRADE CHAR F	3500.00	
108-90-8335	ALTINARANDI NELSON	4515.00	
109-90-9686	SALEH SAKHJ	948.88	
111-92-2059	MONSANTO NORMAN	4175.00	
112-78-4543	CHERREZ FRANK	500.00	
113-82-9159	RANDI RICHARD A	5661.00	
113-88-0927	MICHAEL EDWARD	3300.00	
116-50-9027	CHERREZ RAFAEL	5350.00	
117-78-2370	YOUSSEF TABAC	6483.02	

Page No. 5 of 8 Total this page only

5935.20

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Withholding identification number 12319550 1

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1	2	3	4	YY	

B. Other wages only reported on this page ...

C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Total tax
118-82-9582	MONTERO HENRI WILLIAMS	5582.50	
119-32-3301	SPINDLER FRED	7677.00	
120-07-6540	BUTTRAGO ALEJANDRO	5115.50	
121-84-2058	DE LA CRUZ JUAN	6142.50	
122-44-0387	PERLAZA HERACIO	5747.54	
123-45-6781	LUNA DANIEL	480.00	
123-74-1479	ACEVEDO JONNY	4200.00	
124-84-4326	HABIB SAMIR F	6151.32	
125-26-8672	PEÑA LOUIS FERNANDO	1680.00	
125-82-8176	GARCIA ANGEL	3930.00	
127-65-5964	BUTTRAGO JIMMY	678.00	
128-50-7021	GROSSMAN BRADLEY	7000.00	
135-86-9319	BERNARD ARTHUR	5650.00	
138-08-0931	MERKALIL CHAR	5100.00	
139-11-1922	IANAHA PETER	1661.00	
142-84-3381	GRATALES GUSTAVO	4225.00	

Page No. 6 of 8 Total this page only

71311.56

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Withholding identification number 12319550 1

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1	2	3	4	YY	

B. Other wages only reported on this page ...

C. Seasonal employer ...

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Total tax
143-02-5635	RODRIGUEZ JHONOR	4488.00	
144-88-7389	GOPEZ HERMAN	1662.50	
149-49-5991	ROJAS FREDDY	5280.00	
153-29-6351	ANDRADE LUIS	980.00	
154-13-2054	GUZMAN GABRIEL JAYME	5040.00	
162-44-0726	CARANQUI JULIO	5180.00	
171-76-8259	GUZMAN JOSE J	2640.00	
201-86-0786	FAICAN MARCELO	7618.00	
202-36-7884	JEAN MARC JANTIER	3640.00	
213-76-4537	CANACHO JONNY	3800.00	
231-79-4956	MONTANA FRANCISCO J	4080.00	
234-56-7890	ALTINARANDI R FERNANDO	5190.00	
237-78-1035	GREILLES WILHEM	257.00	
261-59-6588	ENRIQUEZ MIGUEL	4676.00	
276-83-4315	HERRERA GERMAN	3931.28	
280-52-3715	SANCHEZ SALVADOR GUERRER	3690.00	

Page No. 7 of 8 Total this page only

63195.78

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PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-MN Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

Relevant dates and numbers in all cases:

Employer registration number 7066417 5

Withholding identification number 133949590 1

Employer legal name: PARK IT MANAGEMENT CORP

Number of employees

Enter the number of full-time and part-time covered employees who worked during the calendar year for the week ending the 15th day of each month.

a. First month 117 b. Second month 114 c. Third month 112

Part A - Unemployment Insurance (UI) Information

1. Total remuneration paid \$36650.00

2. Remuneration paid in quarter to each employee in excess of \$2,000 since January 1, 2007 148882.00

3. Wages subject to contribution (qualified less 2 from line 1) 389768.00

4. UI contribution due 8282.57

5. Unemployment service fee (multiple line 3 by .0007) 292.33

6. UI practically underpaid when earned 0.00

7. Total lines 4, 5, and 6 8574.90

8. Enter UI practically overpaid 0.00

9. Total UI amounts due (line 7 less 8) 8574.90

10. Total UI overpaid (line 8 is greater than line 7, enter difference and mark with 1) 0.00

11. Apply to outstanding balance

Part B - Withholding tax (WT) Information

12. (a) Total due 15986.15

13. City of New York tax withheld 7103.91

14. City of New York tax withheld 0.00

15. Total tax withheld (add line 12, 13 and 14) 24130.06

16. WT credit from previous quarter's return (see line 1) 0.00

17. Form 1042-S payments made to spouse 24123.04

18. Total payments (add line 16 and 17) 24123.04

19. Total WT amount due (line 15 is greater than line 18, enter difference) 7.02

20. Total WT overpaid (line 18 is greater than line 15, enter difference here and mark with 1) 0.00

21. Apply to outstanding balance

22. Total payment due (add line 8 and 19, plus any refund payable to NY Employment Taxes) 8581.92

* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a seasonal form; please file the original.

Part C - Employee wage and withholding information

Quarterly employee wage reporting information (if more than five employees or if reporting other wages, do not put an asterisk in this section; complete Part D-NYS-45-ATT-MN)

a. Social security number b. Last name, first name, middle initial c. Total remuneration/gross wages paid this quarter d. Gross wages or distribution (see instructions) e. Total tax withheld (see instructions)

WAGES FILED ON MAGNETIC TAPE

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Employer's signature: REFERENCE COPY PREPARED BY PAYCHEX

Signature number: 5953367600

Do NOT FILE

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

0418-C025 NY 05183 TAXPAY*

Withholding identification number 133949590 1

Employer legal name: PARK IT MANAGEMENT CORP

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Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31

1 2 3 4 YY

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C. Seasonal employee ...

Quarterly employee wage reporting information

a. Social security number b. Last name, first name, middle initial c. Total remuneration/gross wages paid this quarter d. Gross wages or distribution (see instructions) e. Total tax withheld

030-05-1658 GALLEGGI TILMO 4100.00

031-02-4533 PAIDA JOEL 3500.00

039-10-7435 QUINTEROS WILSON 4120.00

039-15-2557 LUNA DANIEL 3640.00

042-54-5438 COMPUZANO JULIO CESAR 4150.00

043-84-6381 SALAZAR OSCAR 2640.00

047-50-2244 ALCIBADE BERHAN 5378.75

050-44-0917 GERRER MITCHELL 3500.00

051-00-2211 CARDENAS IVAN WILFREDO 3500.00

052-64-2079 CHARTRE MARCEL 2145.00

054-44-3152 DIQUE FABIAN 5070.00

057-43-0852 LUNA WALTER 7373.75

Page No. 1 of 8 Total this page only 538649.84

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For office use only: Received date: 11/05/2007 Mail to: NY EMPLOYMENT TAXES, PO BOX 4119, BINGHAMTON NY 13902-4119

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057-88-5110 GERRERSON JOSE MIGUEL 3380.00

058-72-8457 JIMENEZ FELIPE 3272.50

062-91-1911 SHERIDA JOHN KAHAL 2800.00

065-20-3948 SAJANO BAILE 4000.00

065-62-3340 GONZALEZ ASHUR 8347.50

065-68-6129 VALENTIN RAFAEL DURAN 3200.00

066-94-3281 SILVA JUAN FERNANDO 2250.00

068-06-3835 SANCHEZ SANTOS 4180.00

068-88-2763 BLANCO JUAN 3690.00

067-92-4504 MALDONADO RICARDO 10910.58

069-94-6166 ROSERA RANJAT 2640.00

071-91-0218 ELJEMAN HASSAN 3380.00

071-91-3120 CAMPBELL ADRIEL 2164.00

072-02-6818 MOREL PLACIDO 3051.50

074-95-9753 LOYOLA FREDY 3848.00

076-62-3191 TYVED FRANCISCO 4875.00

Page No. 2 of 8 Total this page only 68285.05

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1 2 3 4 YY

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076-80-8533 CORDELL WILSON FERNANDO 4394.00

077-89-2776 BARAHONA RAUL 7865.00

077-84-9172 CORONEL PABLO J 3820.00

077-89-5786 ABAD JOHN 2250.00

083-74-6472 ISRAHEM MIZRAY 3100.00

083-88-4057 ELISABETH WILFRAND 3080.00

084-92-5163 SHERIDA WASEEN KAHAL 3720.00

085-50-1578 CERRER FERNANDO 4940.00

085-84-0271 BARRIOS WILLIAM 3337.50

086-52-4560 MOSES JOEL 7311.23

087-88-3664 ARIK HADY FAYER 4160.00

090-94-5425 AMORIS RONALDO 2950.00

090-76-8500 POLANCO VICTOR 780.00

090-92-6615 RAFLA POLOS R 2750.00

090-77-8741 RIVERA WALTER 4200.00

Page No. 3 of 8 Total this page only 52007.70

If first page, enter grand totals of all pages

Contact information: Name: REFERENCE COPY PREPARED BY PAYCHEX Daytime telephone number: DO NOT FILE

For office use only: Received date: 11/05/2007 Mail to: NY EMPLOYMENT TAXES, PO BOX 4119, BINGHAMTON NY 13902-4119

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/25) And Unemployment Insurance Return-Attachment0418-C025 NY 05183 TAXPAY*
Withholding identification number 133919590 1

Employer legal name:

PARK IT MANAGEMENT CORP

Mark an X in the applicable box(es):
A. Original ☒ or Amended returnJan 1- Apr 1- July 1- Oct 1- Year
Mar 31 Jun 30 Sep 30 Dec 31 Tax YY
1 2 3 4 5 YY

B. Other wages only reported on this page ...

C. Seasonal employer

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Annual wage and withholding totals	e Total tax
091-76-4781	ACOSTA FELIPE	5081.25		
091-92-7830	MARTE VICTOR	3500.00		
093-70-7650	HERRERA GERARDO	7311.20		
093-82-2770	BARRERA JERRY	3250.00		
093-86-6513	SANCHEZ ALYAND	5400.00		
093-86-7821	BRAVO LUIS	3500.00		
094-58-7198	SPINDLER GARY	4450.00		
094-58-7559	SPINDLER ADAM	7800.00		
095-07-9966	TAMER JOSE L	2600.00		
097-68-7827	FOMERO JORGE	4500.00		
097-94-6478	FAJARDO CESAR	3380.00		
100-74-5778	FERNANDEZ JUAN C	7050.00		
100-80-8875	GONZALEZ GIOVANNI	4795.00		
103-65-2527	FANDINO CARLOS	1300.00		
104-54-2328	EVANS ALONZO	5712.00		
105-86-7656	CRUZ RAYMOND	4062.50		
Total this page only		114791.55		

Page No. 4 of 8
If first page, enter grand totals of all pages

Contact information (see instructions)	Name	REFERENCE COPY PREPARED BY PATCHEX	Daytime telephone number	DO NOT FILE
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For office use only	Received date
Printed	MM/DD/YYYY

Mail to: NYS EMPLOYMENT TAXES
PO BOX 6118
BINGHAMTON NY 13902-4118NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/25) And Unemployment Insurance Return-Attachment0418-C025 NY 05183 TAXPAY*
Withholding identification number 133919590 1

Employer legal name:

PARK IT MANAGEMENT CORP

Mark an X in the applicable box(es):
A. Original ☒ or Amended returnJan 1- Apr 1- July 1- Oct 1- Year
Mar 31 Jun 30 Sep 30 Dec 31 Tax YY
1 2 3 4 5 YY

B. Other wages only reported on this page ...

C. Seasonal employer

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Annual wage and withholding totals	e Total tax
106-77-0641	ANDRADE OMAR F	2500.00		
108-90-8318	ALTAMIRANO NELSON	5908.00		
111-92-2039	MONSANTO MORHAN	3250.00		
112-76-9658	PORRAS JERRY	1500.00		
113-82-9159	SAMRIZ RICHARD A	4550.00		
113-88-0927	MICHAEL ENAD	2380.00		
116-50-9087	CHERREZ RAFAEL	4900.00		
117-78-2170	YOUSSEF TARIK	6800.88		
118-82-9682	MONTERO HENRI WILLIAMS	3250.00		
119-32-3391	SPINDLER FRED	7128.20		
120-87-6540	DUFRAGO ALEJANDRO	4062.50		
121-84-2958	DE LA CRUZ JUAN	4420.00		
122-44-0387	PERLAZA HORACIO	5057.50		
123-74-1479	ACEVEDO JERRY	4500.00		
124-56-4711	MONTALBANO LERRAHE	1340.00		
124-84-4326	HABIB SAHIB F	1451.94		
Total this page only		63129.83		

Page No. 5 of 8
If first page, enter grand totals of all pages

Contact information (see instructions)	Name	REFERENCE COPY PREPARED BY PATCHEX	Daytime telephone number	DO NOT FILE
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For office use only	Received date
Printed	MM/DD/YYYY

Mail to: NYS EMPLOYMENT TAXES
PO BOX 6118
BINGHAMTON NY 13902-4118NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/25) And Unemployment Insurance Return-Attachment0418-C025 NY 05183 TAXPAY*
Withholding identification number 133919590 1

Employer legal name:

PARK IT MANAGEMENT CORP

Mark an X in the applicable box(es):
A. Original ☒ or Amended returnJan 1- Apr 1- July 1- Oct 1- Year
Mar 31 Jun 30 Sep 30 Dec 31 Tax YY
1 2 3 4 5 YY

B. Other wages only reported on this page ...

C. Seasonal employer

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Annual wage and withholding totals	e Total tax
125-26-8872	PERA LOUIS FERNANDO	4200.00		
125-82-8176	GARCIA ANGEL	3620.00		
125-58-7021	GROSSMAN SHADLEY	3000.00		
135-13-3235	VASSEF RAY	1015.00		
135-86-5319	BERNARD ARTURO	4702.50		
136-15-7317	SEIANO RICARDO	3000.00		
138-08-0434	MERJAIEL ENAS	3640.00		
139-11-1922	HANA PETER	2028.00		
141-15-2194	SODUY NADEN	412.50		
142-84-9361	ORAJALES CUSTAVO	3955.00		
143-02-5625	RODRIGUEZ JONATHAN	3350.00		
144-88-7369	GOMEZ HERMAN	5168.00		
149-49-5981	RODAS FREDDY	4160.00		
154-13-2064	GUDMAN GABRIEL JAIME	3640.00		
162-44-8726	CABANGUI JULIO	4610.00		
162-78-7612	ORTIZ RICARDO	1750.00		
Total this page only		52461.00		

Page No. 6 of 8
If first page, enter grand totals of all pages

Contact information (see instructions)	Name	REFERENCE COPY PREPARED BY PATCHEX	Daytime telephone number	DO NOT FILE
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For office use only	Received date
Printed	MM/DD/YYYY

Mail to: NYS EMPLOYMENT TAXES
PO BOX 6118
BINGHAMTON NY 13902-4118NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting
(1/25) And Unemployment Insurance Return-Attachment0418-C025 NY 05183 TAXPAY*
Withholding identification number 133919590 1

Employer legal name:

PARK IT MANAGEMENT CORP

Mark an X in the applicable box(es):
A. Original ☒ or Amended returnJan 1- Apr 1- July 1- Oct 1- Year
Mar 31 Jun 30 Sep 30 Dec 31 Tax YY
1 2 3 4 5 YY

B. Other wages only reported on this page ...

C. Seasonal employer

Quarterly employee/paysor wage reporting information

a Social security number	b Last name, first name, middle initial	c wages paid this quarter	d Annual wage and withholding totals	e Total tax
171-76-8259	GUDMAN JORGE I	3640.00		
181-80-2255	CIRGIS MICHEL	4900.00		
201-66-0796	FAJCAN MARCELO	5625.00		
202-35-7984	JEAN MARC JANVIER	2380.00		
213-76-4537	CANACHO JOHN	3380.00		
231-79-4954	MONTUZA FRANCISCO J	4200.00		
234-56-7859	ALTAMIRANO R FERNANDO	5815.00		
237-78-5035	UREILES WILMER	4380.00		
237-89-2035	BERNARDEZ FERNANDO PARRA	2160.00		
261-99-4569	EMERIQUEZ MIGUEL	3080.00		
276-83-4118	HERRERA GERMAN	500.00		
300-62-3715	SANCHEZ SALVADOR GUERRER	3120.00		
301-55-3616	VELAZ JUAN MOLINA	3701.75		
312-76-5847	ESCHEVERRI BORIS	3199.00		
333-72-2442	RODAS FRANCISCO	5070.00		
458-23-2725	RODRIGUEZ DIANA	9750.00		
Total this page only		66220.75		

Page No. 7 of 8
If first page, enter grand totals of all pages

Contact information (see instructions)	Name	REFERENCE COPY PREPARED BY PATCHEX	Daytime telephone number	DO NOT FILE
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For office use only	Received date
Printed	MM/DD/YYYY

Mail to: NYS EMPLOYMENT TAXES
PO BOX 6118
BINGHAMTON NY 13902-4118

If you are using a paid preparer on a payroll service, the section below must be completed:				
Paid preparer's signature REFERENCE COPY PREPARED BY PAIDPREP DO NOT FILE Preparer is a full power for payroll, if not applicable	Preparer's signature Telephone number	Owner of and employed	Preparer's social security number	
Paid preparer's name PAIDPREP, INC. Physical service address EATON, INC. City State Zip	Address 1175 NEW STREET 1175 NEW STREET 1175 NEW STREET PO BOX #112 BROOKLYN, NY 11211	City NEW YORK, NY NEW YORK, NY NEW YORK, NY NEW YORK, NY NEW YORK, NY	State NY NY NY NY NY	Zip 11246-9100 11246-9100 11246-9100 11246-9100 11246-9100
Preparer's name EATON, INC. City State Zip	Address 1175 NEW STREET 1175 NEW STREET 1175 NEW STREET PO BOX #112 BROOKLYN, NY 11211	City NEW YORK, NY NEW YORK, NY NEW YORK, NY NEW YORK, NY NEW YORK, NY	State NY NY NY NY NY	Zip 11246-9100 11246-9100 11246-9100 11246-9100 11246-9100

NYS-45-ATT
(0/0)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0410-C025 NY 05091 TAXPAYER
Employer Registration Number 7056417 5
Withholding Identification Number 133915590 1

A. This return covers the period indicated below:

X Jan 1- Apr 1- July 1- Oct 1- Dec 1-
1 2 3 4 5 Y YEmployer Legal Name
PARK IT MANAGEMENT CORP

Check applicable box(es):

B. Other wages only reported on this page.....

C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) 18 total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
045-84-0071	BARKIDS WILLIAM	3440.00		
085-52-4550	MOSES JOEL	5528.30		
087-08-3664	AXIX NAGY TATEX	4020.00		
098-94-9425	ANDRES ROMALDO	250.00		
089-76-2600	POLANCO VICTOR	3120.00		
090-77-8741	SIVENA WALTER	3535.00		
091-76-4784	ACOSTA FELIPE	3000.00		
091-92-7820	HARTE VICTOR	3600.00		
092-92-9582	PEREZ CARLOS	2800.00		
093-70-7850	HERNAN GERRARD	5528.80		
093-02-2770	BARRERA JIMMY	1000.00		
093-85-5513	SANCHEZ ALVARO	3940.00		
093-05-7894	BRAYO LUIS	3120.00		
094-58-7198	SPINKLER GARY	41400.00		
Page No. 4 of 5 Total this page only		85702.50		

If first page, enter grand totals of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Date	Check if self-employed	Preparer's social security number
Preparer's signature	1175 JOHN STREET WEST HAVEN, CT 06457-1175	10/26/07	<input type="checkbox"/>	16-1124166
Preparer's title (for years, if self-employed)	Address	City	State	Zip
PAID PREPARER, INC.	1175 JOHN STREET WEST HAVEN, CT 06457-1175	WEST HAVEN	CT	06457-1175
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address

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NYS-45-ATT
(0/0)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0410-C025 NY 05091 TAXPAYER
Employer Registration Number 7056417 5
Withholding Identification Number 133915590 1

A. This return covers the period indicated below:

X Jan 1- Apr 1- July 1- Oct 1- Dec 1-
1 2 3 4 5 Y YEmployer Legal Name
PARK IT MANAGEMENT CORP

Check applicable box(es):

B. Other wages only reported on this page.....

C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) 18 total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
094-58-7359	SPINKLER ADAM	7200.00		
097-68-7827	ROMERO JORGE	3040.00		
098-50-7047	DE JESUS JIMENEZ ANGEL	2540.00		
099-34-5326	MEKEL BERNARD	210.00		
100-74-5778	FERNANDEZ JUAN C	5700.00		
100-80-0875	GONZALEZ GIOVANNI	2800.00		
104-54-2328	EVANS ALONZO	4300.00		
105-85-7656	CRUZ RAYMOND	3000.00		
108-50-0335	ALTINARAND NELSON	4620.00		
112-76-5658	PORRAS JEREMY	2050.00		
113-82-9150	RAMIREZ RICHARD A	5150.00		
113-88-0527	MICHAEL DINO	2200.00		
118-50-5087	CHERREZ RAFAEL	3920.00		
117-78-2170	YOUSSEF TARAK	5913.75		
Page No. 5 of 9 Total this page only		55553.75		

If first page, enter grand totals of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Date	Check if self-employed	Preparer's social security number
Preparer's signature	1175 JOHN STREET WEST HAVEN, CT 06457-1175	10/26/07	<input type="checkbox"/>	16-1124166
Preparer's title (for years, if self-employed)	Address	City	State	Zip
PAID PREPARER, INC.	1175 JOHN STREET WEST HAVEN, CT 06457-1175	WEST HAVEN	CT	06457-1175
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address

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NYS-45-ATT
(0/0)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0410-C025 NY 05091 TAXPAYER
Employer Registration Number 7056417 5
Withholding Identification Number 133915590 1

A. This return covers the period indicated below:

X Jan 1- Apr 1- July 1- Oct 1- Dec 1-
1 2 3 4 5 Y YEmployer Legal Name
PARK IT MANAGEMENT CORP

Check applicable box(es):

B. Other wages only reported on this page.....

C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) 18 total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
118-82-9682	MONEIRO HENRI WILLIAMS	7550.00		
119-32-3321	SPINKLER FRED	5580.80		
120-87-5510	BUTTRAD ALEXANDER	2790.00		
121-04-2958	DE LA CRUZ JUAN	4080.00		
122-44-0387	PERLAZA HERACIO	5125.00		
123-74-1479	ACEVEDO JOHN	3800.00		
123-04-1835	MARTE GLADIMIRE	480.00		
123-90-5491	RANDON SABASTIAN	1400.00		
124-56-4711	MONTALBAUD LORNAINE	9380.00		
124-84-4325	HABIB SAMIR F	4259.28		
125-25-8572	PERA LOUIS FERNANDO	3560.00		
125-82-0176	GARCIA ANGEL	7880.00		
125-13-9255	NASSEF RAY	3360.00		
125-85-5245	BERNARD ARTURO	4218.75		
Page No. 6 of 9 Total this page only		55553.93		

If first page, enter grand totals of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Date	Check if self-employed	Preparer's social security number
Preparer's signature	1175 JOHN STREET WEST HAVEN, CT 06457-1175	10/26/07	<input type="checkbox"/>	16-1124166
Preparer's title (for years, if self-employed)	Address	City	State	Zip
PAID PREPARER, INC.	1175 JOHN STREET WEST HAVEN, CT 06457-1175	WEST HAVEN	CT	06457-1175
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address
Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address	1175 JOHN STREET WEST HAVEN, CT 06457-1175	Preparer's service address

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NYS-45-ATT
(0/0)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0410-C025 NY 05091 TAXPAYER
Employer Registration Number 7056417 5
Withholding Identification Number 133915590 1

A. This return covers the period indicated below:

X Jan 1- Apr 1- July 1- Oct 1- Dec 1-
1 2 3 4 5 Y YEmployer Legal Name
PARK IT MANAGEMENT CORP

Check applicable box(es):

NYS-45-ATT
(9/98)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0418-C025 NY 05091
 Employer Registration Number 7066417 5
 Withholding Identification Number 133949590 1

TAXPAYER
 7066417 5
 133949590 1

A. This return covers the period indicated below:
 X Jan 1- Apr 1- Aug 1- Dec 1-
 Mar 1- Jun 1- Sep 1- Nov 1-
 Y Y Y Y

Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Annual wage and withholding totals
 If this return is for the 4th quarter or the last
 return you will be filing for the calendar year,
 complete columns (c) and (d).

Quarterly employee/paysor wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
201-66-0796	FATMAN MARCELO	3360.00
202-36-7884	JEAN MARC JANYIER	3220.00
213-76-4537	CANACHO JOHN	3200.00
216-37-8998	GARY ALEJANDRO	1410.00
211-79-4356	MONTANA FRANCISCO J	3560.00
214-56-7830	ALTAMIRANO B FERNANDO	3360.00
237-76-5035	GREILES WILNER	3584.00
237-59-2095	BERNARDO FERNANDO PATRICK	1440.00
261-89-6569	ORIQUEZ MIGUEL	3940.00
300-52-3715	SANCHEZ SALVADOR GUERRER	2650.00
301-55-3616	VELEZ JOAN MOLINA	250.00
312-76-5647	ESCHEVERRI BORIS	2922.00
333-72-2442	BODAS FRANCISCO	4472.00
458-23-2726	RODRIGUEZ DIANA	5000.00
Total this page only		47455.00

Page No. 5 of 9 Total this page only
 If first page, enter grand totals
 of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's name	Preparer's address	Preparer's phone	Preparer's fax
PAYCHECK, INC.	1175 JONAH STREET PO BOX 4118 BROOKLYN NY 11208-4118	718-595-9199	718-595-9199

NYS-45-ATT
(9/98)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0418-C025 NY 05091
 Employer Registration Number 7066417 5
 Withholding Identification Number 133949590 1

TAXPAYER
 7066417 5
 133949590 1

A. This return covers the period indicated below:
 X Jan 1- Apr 1- Aug 1- Dec 1-
 Mar 1- Jun 1- Sep 1- Nov 1-
 Y Y Y Y

Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Annual wage and withholding totals
 If this return is for the 4th quarter or the last
 return you will be filing for the calendar year,
 complete columns (c) and (d).

Quarterly employee/paysor wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
481-57-2277	MEDINA SEBASTIAN	3530.00
582-21-2424	MORALES-DELEGAO PEDRO JUAN	1230.00
583-63-2883	MALDONADO HECTOR	1895.00
590-91-3538	MARAHU JOHN F	3260.00
597-56-0734	COSSOJO JUAN E	1722.00
605-66-6485	LOPEZ MARYIS	6300.00
622-15-6700	ISRAHIM MARCOS S	4335.00
642-10-5550	URGILES GUILLERMO	3120.00
647-12-0107	QUINTEROS SEBASTIAN	3410.00
Total this page only		28802.00

Page No. 5 of 9 Total this page only
 If first page, enter grand totals
 of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's name	Preparer's address	Preparer's phone	Preparer's fax
PAYCHECK, INC.	1175 JONAH STREET PO BOX 4118 BROOKLYN NY 11208-4118	718-595-9199	718-595-9199

Form W-2 Wage and Tax Statement 2004

1. Social Security number	2. Employer's name, address, and ZIP code	3. Employer's federal tax identification number	4. Employee's name, address, and ZIP code
33333	PARK IT MANAGEMENT CORP 250 W 26TH ST NEW YORK NY 10001	13-3949590	0418-C025 13-3949590
5. Wages, tips, and other compensation	6. Federal income tax withheld	7. Social Security tax	8. Medicare tax
1864321.02	148843.82	2069371.02	116901.26
9. Social Security tax	10. Medicare tax	11. Federal income tax	12. State income tax
2069371.02	116901.26	28483.05	
13. Other income	14. Other deductions	15. Other taxes	16. Other information

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature of preparer: REFERENCE COPY PREPARED BY PAYCHECK, INC. DO NOT FILE
 Form W-3 Transmittal of Wage and Tax Statements 2004

DO NOT FILE

YOUR FEDERAL W-2 & W-3 DATA
IS FILED ELECTRONICALLY

Form W-2 Wage and Tax Statement 2004

1. Social Security number	2. Employer's name, address, and ZIP code	3. Employer's federal tax identification number	4. Employee's name, address, and ZIP code
0418-C025 13-3949590	PARK IT MANAGEMENT CORP 250 W 26TH ST NEW YORK NY 10001	13-3949590	0418-C025 13-3949590
5. Wages, tips, and other compensation	6. Federal income tax withheld	7. Social Security tax	8. Medicare tax
1864321.02	148843.82	2069371.02	116901.26
9. Social Security tax	10. Medicare tax	11. Federal income tax	12. State income tax
2069371.02	116901.26	28483.05	
13. Other income	14. Other deductions	15. Other taxes	16. Other information

Form W-2 Wage and Tax Statement 2004

1. Social Security number	2. Employer's name, address, and ZIP code	3. Employer's federal tax identification number	4. Employee's name, address, and ZIP code
0418-C025 13-3949590	PARK IT MANAGEMENT CORP 250 W 26TH ST NEW YORK NY 10001	13-3949590	0418-C025 13-3949590
5. Wages, tips, and other compensation	6. Federal income tax withheld	7. Social Security tax	8. Medicare tax
1864321.02	148843.82	2069371.02	116901.26
9. Social Security tax	10. Medicare tax	11. Federal income tax	12. State income tax
2069371.02	116901.26	28483.05	
13. Other income	14. Other deductions	15. Other taxes	16. Other information

Form W-2 Wage and Tax Statement 2004

1. Social Security number	2. Employer's name, address, and ZIP code	3. Employer's federal tax identification number	4. Employee's name, address, and ZIP code
0418-C025 13-3949590	PARK IT MANAGEMENT CORP 250 W 26TH ST NEW YORK NY 10001	13-3949590	0418-C025 13-3949590
5. Wages, tips, and other compensation	6. Federal income tax withheld	7. Social Security tax	8. Medicare tax
1864321.02	148843.82	2069371.02	116901.26
9. Social Security tax	10. Medicare tax	11. Federal income tax	12. State income tax
2069371.02	116901.26	28483.05	
13. Other income	14. Other deductions	15. Other taxes	16. Other information

Form W-2 Wage and Tax Statement 2004

1. Social Security number	2. Employer's name, address, and ZIP code	3. Employer's federal tax identification number	4. Employee's name, address, and ZIP code
0418-C025 13-3949590	PARK IT MANAGEMENT CORP 250 W 26TH ST NEW YORK NY 10001	13-3949590	0418-C025 13-3949590
5. Wages, tips, and other compensation	6. Federal income tax withheld	7. Social Security tax	8. Medicare tax
1864321.02	148843.82	2069371.02	116901.26
9. Social Security tax	10. Medicare tax	11. Federal income tax	12. State income tax
2069371.02	116901.26	28483.05	
13. Other income	14. Other deductions	15. Other taxes	16. Other information

Form W-2 Wage and Tax Statement 2004			EMPLOYER REFERENCE COPY - DO NOT FILE		
1 Employer's name (not necessarily the legal name) 2 Employer's address (not necessarily the legal address) 3 Employer's federal tax ID number			4 Employer's name (not necessarily the legal name) 5 Employer's address (not necessarily the legal address) 6 Employer's federal tax ID number		
7 Social Security number 8 Taxpayer's name (not necessarily the legal name) 9 Taxpayer's address (not necessarily the legal address) 10 Taxpayer's federal tax ID number			11 Social Security number 12 Taxpayer's name (not necessarily the legal name) 13 Taxpayer's address (not necessarily the legal address) 14 Taxpayer's federal tax ID number		
15 Social Security number 16 Taxpayer's name (not necessarily the legal name) 17 Taxpayer's address (not necessarily the legal address) 18 Taxpayer's federal tax ID number			19 Social Security number 20 Taxpayer's name (not necessarily the legal name) 21 Taxpayer's address (not necessarily the legal address) 22 Taxpayer's federal tax ID number		
23 Social Security number 24 Taxpayer's name (not necessarily the legal name) 25 Taxpayer's address (not necessarily the legal address) 26 Taxpayer's federal tax ID number			27 Social Security number 28 Taxpayer's name (not necessarily the legal name) 29 Taxpayer's address (not necessarily the legal address) 30 Taxpayer's federal tax ID number		

Form W-2 Wage and Tax Statement 2004				EMPLOYER REFERENCE COPY - DO NOT FILE			
1 Employer's name (not if agent) 2 Employer's EIN 1339-498980 3525-021800		3 Employer's name, address, and ZIP code 3426 N HANCOCKVILLE RD MSN 3920 BN MSN 39201 MS 39001		4 Dates for which the liability is reported 01/01/2004 - 12/31/2004			
5 Social Security number of employee 1339-498980		6 Social Security number of agent 899-67-2538		7 Employer's name, address, and ZIP code 3426 N HANCOCKVILLE RD MSN 3920 BN MSN 39201 MS 39001			
8 Social Security number of agent 899-67-2538		9 Social Security number of agent 899-67-2538		10 Social Security number of agent 899-67-2538			
11 Social Security number of agent 899-67-2538		12 Social Security number of agent 899-67-2538		13 Social Security number of agent 899-67-2538			
14 Social Security number of agent 899-67-2538		15 Social Security number of agent 899-67-2538		16 Social Security number of agent 899-67-2538			
17 Social Security number of agent 899-67-2538		18 Social Security number of agent 899-67-2538		19 Social Security number of agent 899-67-2538			
20 Social Security number of agent 899-67-2538		21 Social Security number of agent 899-67-2538		22 Social Security number of agent 899-67-2538			
23 Social Security number of agent 899-67-2538		24 Social Security number of agent 899-67-2538		25 Social Security number of agent 899-67-2538			
26 Social Security number of agent 899-67-2538		27 Social Security number of agent 899-67-2538		28 Social Security number of agent 899-67-2538			
29 Social Security number of agent 899-67-2538		30 Social Security number of agent 899-67-2538		31 Social Security number of agent 899-67-2538			
32 Social Security number of agent 899-67-2538		33 Social Security number of agent 899-67-2538		34 Social Security number of agent 899-67-2538			
35 Social Security number of agent 899-67-2538		36 Social Security number of agent 899-67-2538		37 Social Security number of agent 899-67-2538			
38 Social Security number of agent 899-67-2538		39 Social Security number of agent 899-67-2538		40 Social Security number of agent 899-67-2538			
41 Social Security number of agent 899-67-2538		42 Social Security number of agent 899-67-2538		43 Social Security number of agent 899-67-2538			
44 Social Security number of agent 899-67-2538		45 Social Security number of agent 899-67-2538		46 Social Security number of agent 899-67-2538			
47 Social Security number of agent 899-67-2538		48 Social Security number of agent 899-67-2538		49 Social Security number of agent 899-67-2538			
50 Social Security number of agent 899-67-2538		51 Social Security number of agent 899-67-2538		52 Social Security number of agent 899-67-2538			
53 Social Security number of agent 899-67-2538		54 Social Security number of agent 899-67-2538		55 Social Security number of agent 899-67-2538			
56 Social Security number of agent 899-67-2538		57 Social Security number of agent 899-67-2538		58 Social Security number of agent 899-67-2538			
59 Social Security number of agent 899-67-2538		60 Social Security number of agent 899-67-2538		61 Social Security number of agent 899-67-2538			
62 Social Security number of agent 899-67-2538		63 Social Security number of agent 899-67-2538		64 Social Security number of agent 899-67-2538			
65 Social Security number of agent 899-67-2538		66 Social Security number of agent 899-67-2538		67 Social Security number of agent 899-67-2538			
68 Social Security number of agent 899-67-2538		69 Social Security number of agent 899-67-2538		70 Social Security number of agent 899-67-2538			
71 Social Security number of agent 899-67-2538		72 Social Security number of agent 899-67-2538		73 Social Security number of agent 899-67-2538			
74 Social Security number of agent 899-67-2538		75 Social Security number of agent 899-67-2538		76 Social Security number of agent 899-67-2538			
77 Social Security number of agent 899-67-2538		78 Social Security number of agent 899-67-2538		79 Social Security number of agent 899-67-2538			
80 Social Security number of agent 899-67-2538		81 Social Security number of agent 899-67-2538		82 Social Security number of agent 899-67-2538			
83 Social Security number of agent 899-67-2538		84 Social Security number of agent 899-67-2538		85 Social Security number of agent 899-67-2538			
86 Social Security number of agent 899-67-2538		87 Social Security number of agent 899-67-2538		88 Social Security number of agent 899-67-2538			
89 Social Security number of agent 899-67-2538		90 Social Security number of agent 899-67-2538		91 Social Security number of agent 899-67-2538			
92 Social Security number of agent 899-67-2538		93 Social Security number of agent 899-67-2538		94 Social Security number of agent 899-67-2538			

[illegible]

SCHEDULE B (Form 941) Box, Jersey 1234 Department of Tax Treasury Internal Revenue Service										Employer's Record of Federal Tax Liability ▶ See Circular E for more information about employment tax returns. ▶ Attach to Form 941 or Form 941-SS										OMB No. 1545-0029 DEC 31 2004																									
Name as shown on Form 941 (Line 10-15) PARK IT MANAGEMENT CORP															Employer identification number 13-3447540															Tax period starts DEC 31 2004															
You must complete this schedule if you are required to deposit on a semiweekly schedule, or if your tax liability on any day is \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from FTD creeps or EFTPS.)																																													
A. Daily Tax Liability—First Month of Quarter																																													
1	7590	07	B	7615	33	15	7612	52	22	8153	40	26	8315	47																															
2			9			16			23			30																																	
3			10			17			24			31																																	
4			11			18			25																																				
5			12			19			26																																				
6			13			20			27																																				
7			14			21			28																																				
A Total tax liability for first month of quarter																																	3547124												
B. Daily Tax Liability—Second Month of Quarter																																													
1			0			15			22			29																																	
2			9			16			23			30																																	
3			10			17			24			31																																	
4			11			18			25																																				
5	8314	29	12	8421	54	19	8425	58	26	8452	05																																		
6			13			20			27																																				
7			14			21			28																																				
B Total tax liability for second month of quarter																																	3351616												
C. Daily Tax Liability—Third Month of Quarter																																													
1			0			15			22			29																																	
2			9			16			23	8204	82	30	12182	85																															
3	8140	22	10	8787	24	17	8884	80	24			31																																	
4			11			18			25																																				
5			12			19			26																																				
6			13			20			27																																				
7			14			21			28																																				
C Total tax liability for third month of quarter																																	16204158												
D Total for quarter last lines A, B, and C. This should equal line 13 of Form 941 or line 13 of Form 941-SS																																													
																																	35470123												
For Paperwork Reduction Act Notice, see page 2.																																													

C-11S-025		OMB No. 1545-0047
940	Employer's Annual Federal Unemployment (FUTA) Tax Return	2004
Department of the Treasury Internal Revenue Service DU	▶ See the separate instructions for Form 940 for information on completing this form.	
You must complete this section.	Estimate year 2004	T
	Employer identification number 13-3046590	FD
	City, state, and ZIP code NEW YORK NY 10001	F
		I
		E
PART I EMPLOYMENT DATA ZSC W 26TH ST		
<p>A Are you required to pay unemployment contributions to only one state? If "Yes," skip questions B and C. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B Did you pay all state unemployment contributions by January 31, 2005? If "I," if you deposited your total FUTA tax when due, check "Yes." If you paid all state unemployment contributions by February 10, 2005, "II" or "III." Experience rate is granted, check "Yes." III (If "Yes," skip question C). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D Did you pay all wages in a state other than New York? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successful employer, see Special credit for successful employers in the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM II-800-829-3070 or from the IRS website at www.irs.gov.</p> <p>If you will not have to file future returns in the future, check here [see Amended Returns in the separate instructions], and complete and sign the return. ▶</p>		
PART II Computation of Taxable Wages		
1 Total payments (including payments shown on lines 2 and 3) during the calendar year for service of employees _____ 1 \$54,321 02		
2 Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶ _____ 2 00		
3 Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the federal wage base. Your state wage base may be different. Do not use your state wage base. _____ 3 118,173 02		
4 Add lines 1 and 3 _____ 4 172,494 02		
5 Total taxable wages (subtract line 4 from line 1) _____ 5 802,504 02		
6 Additional tax resulting from credit reduction for unpaid advances to the State of New York. Enter the wages included on line 5 for New York and multiply by .002. (See the separate instructions for Form 940.) Enter the credit reduction amount here and in Part II, line E. ▶		
New York wages _____ x .002 = _____ 6 2406 57		
Are you to complete this side of this form, and sign in the area provided at the back. Form 940(2004)		

Form 940 (2004)		Page 2 of 2	
FICA IT MANAGEMENT CORP.		Employer identification number (EIN) 13-3549592	
PART III TAX DUE OR REFUND			
1 Gross FUTA tax. Multiply the wages in Part I, line 8, by .0021. 43760.56			
2 Machinery credit. Multiply the wages in Part I, line 8, by .0041. 43760.56			
3 Computation of tentative credit (line 2). All employers must complete the credit/loss extension.			
(a) State of	(b) Taxable period (as defined in state act)	(c) Date taxpayer first paid tax from 1/1/01 to 12/31/01	(d) Contribution rate per hour (multiplied by 240)
NY	05/16/01	01/01/01 12/31/01	2.9750
		(e) Contribution rate per hour (multiplied by 240)	(f) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(g) Credit/loss amount (multiplied by 240)	(h) Address credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(i) Credit/loss amount (multiplied by 240)	(j) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(k) Credit/loss amount (multiplied by 240)	(l) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(m) Credit/loss amount (multiplied by 240)	(n) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(o) Credit/loss amount (multiplied by 240)	(p) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(q) Credit/loss amount (multiplied by 240)	(r) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(s) Credit/loss amount (multiplied by 240)	(t) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(u) Credit/loss amount (multiplied by 240)	(v) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(w) Credit/loss amount (multiplied by 240)	(x) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(y) Credit/loss amount (multiplied by 240)	(z) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(aa) Credit/loss amount (multiplied by 240)	(ab) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ac) Credit/loss amount (multiplied by 240)	(ad) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ae) Credit/loss amount (multiplied by 240)	(af) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ag) Credit/loss amount (multiplied by 240)	(ah) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ai) Credit/loss amount (multiplied by 240)	(aj) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ak) Credit/loss amount (multiplied by 240)	(al) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(am) Credit/loss amount (multiplied by 240)	(an) Credit/loss amount (multiplied by 240)
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		(ao) Credit/loss amount (multiplied by 240)	(ap) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(aq) Credit/loss amount (multiplied by 240)	(ar) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(as) Credit/loss amount (multiplied by 240)	(at) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(au) Credit/loss amount (multiplied by 240)	(av) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(aw) Credit/loss amount (multiplied by 240)	(ax) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ay) Credit/loss amount (multiplied by 240)	(az) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(ba) Credit/loss amount (multiplied by 240)	(bb) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(bc) Credit/loss amount (multiplied by 240)	(bd) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(be) Credit/loss amount (multiplied by 240)	(bf) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(bg) Credit/loss amount (multiplied by 240)	(bh) Credit/loss amount (multiplied by 240)
		0.0000	0.0000
		(bi) Credit/loss amount (multiplied by 240)	(bj) Credit/loss amount (multiplied by 24

[illegible]

NYS-45-ATT
(0/98)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04356 TARPAY*
US Employer Registration Number 7066417 5
Withholding Identification Number 13394550 1

Employer Legal Name
PARK IT MANAGEMENT CORP

A. This return covers the period indicated below:
Jan 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y

Check applicable box(es):
B. Other wages only reported on this page.....
C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) US total remuneration/wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
010-30-4023	DE CASTRO SERGIO	5440.00	1850.00	658.83
030-05-1858	GONZALEZ HILTON	4200.00	16150.00	454.29
030-05-1858	REYNALES RUBEN	0.00	8540.00	185.72
030-05-1858	LOTOLA ENRIKO	4520.00	17340.00	480.91
030-05-1858	FAJARDO CESAR	3820.00	13180.00	237.56
030-05-1858	ORDONEZ CARLOS ENRIQUE	0.00	7215.00	194.21
030-05-1858	AGUILERA NARCISO ANDRES PENA	0.00	6750.00	191.88
030-05-1858	GALLEROS TELMO	5625.00	22575.00	942.64
030-05-1858	ROJAS MANUELLO	0.00	3720.00	50.72
030-05-1858	PAJDA JOEL	4170.00	15230.00	391.84
030-05-1858	QUINTEROS WILSON	3994.00	12554.00	69.73
030-05-1858	LUNA DANIEL	1008.00	13918.00	363.77
030-05-1858	COMPUZANO JULIO CESAR	1510.00	16430.00	205.62
030-05-1858	SALAZAR OSCAR	7829.00	24171.75	1203.37
Page No. 3 of 9	Total this page only	48485.00	157402.75	5745.09
Page No. 3 of 9	Total this page, enter grand totals of all pages	545160.04	1564321.02	87167.84

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Signature: REFERENCE COPY PREPARED BY PAYER/DO NOT FILE Date: 11/05/2007 Check if self-employed: ☐ Preparer's Social Security Number: 16-1124166

Preparer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Preparer's EIN: 15-085-9199

Employer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Employer's EIN: 15-085-9199

For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199

NYS-45-ATT
(0/98)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04356 TARPAY*
US Employer Registration Number 7066417 5
Withholding Identification Number 13394550 1

Employer Legal Name
PARK IT MANAGEMENT CORP

A. This return covers the period indicated below:
Jan 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y

Check applicable box(es):
B. Other wages only reported on this page.....
C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) US total remuneration/wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
047-90-2244	ANDRADE GERMAN	5042.50	17081.75	526.20
050-44-0917	BERNER MITCHELL	6300.00	23500.00	1158.31
051-90-2211	CARDENAS IVAN WILLISDO	3360.00	13200.00	38.60
052-64-2079	DUARTE NAIMEL	4484.00	13524.00	219.08
053-76-2419	FABIAN ROBERTO	5017.00	18038.50	485.23
057-42-0282	LUNA WALTER	4592.00	16022.00	505.32
057-88-5910	GERPUSSEN JOSE MIGUEL	3744.00	13194.00	331.19
058-72-8437	JIMENEZ FELIPE	4170.00	15230.00	429.79
061-86-0424	LOPEZ JOSE V	3630.00	12990.00	325.18
061-92-1409	BRITTO GERMAN	3410.00	9520.00	218.77
062-04-1941	SIENKOW JONAH KAMAL	3840.00	3300.00	105.30
064-91-4600	ROJAS LUIS JAVIER	0.00	13652.50	592.15
065-20-3948	SANABAD RAUL	3550.00	10560.00	248.64
065-92-3308	SHULMAN ASHLEY	8420.00	25570.00	829.01
Page No. 2 of 9	Total this page only	50509.50	215644.75	6121.03
Page No. 2 of 9	Total this page, enter grand totals of all pages	545160.04	1564321.02	87167.84

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Signature: REFERENCE COPY PREPARED BY PAYER/DO NOT FILE Date: 11/05/2007 Check if self-employed: ☐ Preparer's Social Security Number: 16-1124166

Preparer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Preparer's EIN: 15-085-9199

Employer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Employer's EIN: 15-085-9199

For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199

NYS-45-ATT
(0/98)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04356 TARPAY*
US Employer Registration Number 7066417 5
Withholding Identification Number 13394550 1

Employer Legal Name
PARK IT MANAGEMENT CORP

A. This return covers the period indicated below:
Jan 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y

Check applicable box(es):
B. Other wages only reported on this page.....
C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) US total remuneration/wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
065-60-6139	CRAN RAFAEL	1160.00	1690.00	553.85
066-86-3895	SANCHEZ SANTOS	5740.00	17780.00	603.22
066-86-2783	BLANCO JUAN	3520.00	2520.00	60.20
066-86-6822	FILFO RAUL	1779.50	17032.00	573.93
067-62-4504	MALDONADO RICARDO	8483.60	32455.36	1835.79
067-80-8903	MALDONADO MARCOS	260.00	10140.00	251.55
071-94-2720	CARBELL ALBERT	3890.00	14530.00	394.99
072-82-6844	MOREL PLACIDO	1375.00	1375.00	30.75
074-96-3753	LOTOLA FREDDY	3850.00	13400.00	301.65
076-62-3191	TUREZ FRANCISCO	5500.00	20175.00	702.37
076-82-0869	BENCOSKE ELVIS	3925.00	14785.00	435.51
078-90-8539	CORNEL WILSON FERNANDO	4224.00	12584.00	334.19
077-60-2776	BARAHONA RAUL	9048.00	31881.00	1152.27
077-84-9472	CORNEL PABLO J	1550.00	1550.00	45.05
Page No. 3 of 9	Total this page only	59248.10	209167.36	7275.52
Page No. 3 of 9	Total this page, enter grand totals of all pages	545160.04	1564321.02	87167.84

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Signature: REFERENCE COPY PREPARED BY PAYER/DO NOT FILE Date: 11/05/2007 Check if self-employed: ☐ Preparer's Social Security Number: 16-1124166

Preparer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Preparer's EIN: 15-085-9199

Employer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Employer's EIN: 15-085-9199

For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199

NYS-45-ATT
(0/98)

Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04356 TARPAY*
US Employer Registration Number 7066417 5
Withholding Identification Number 13394550 1

Employer Legal Name
PARK IT MANAGEMENT CORP

A. This return covers the period indicated below:
Jan 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y Y

Check applicable box(es):
B. Other wages only reported on this page.....
C. If seasonal employer, check box.....

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) US total remuneration/wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
083-74-8472	IZABELE MIDHAT	6020.00	20810.00	759.17
084-92-5193	SIENKOW KASEEN KAMAL	3920.00	7280.00	232.70
085-50-0578	CHERREZ FERNANDO	5820.00	20000.00	370.14
085-91-0071	BARRIOS WILLIAM	3920.00	15280.00	407.85
086-52-4660	MOSES JOEL	6628.80	31705.36	1841.57
087-88-3664	ARIZ MARY FAYET	4200.00	18970.00	555.10
089-76-8600	FLORES VICTOR	3840.00	13500.00	318.80
089-90-9800	STIER NASHAT	0.00	7152.00	172.17
090-77-8741	REYERA WALTER	3890.00	14375.00	255.34
091-76-4784	ACOSTA FELIPE	4290.00	16850.00	546.56
091-92-7830	MARTE VICTOR	3390.00	14228.00	388.06
092-92-9582	PEREZ CARLOS	4120.00	14280.00	325.27
093-70-7850	VERDEIRA GERMARDO	8235.04	33441.60	2044.32
093-86-6513	SANCHEZ ALVARO	4650.00	17338.00	367.23
Page No. 4 of 9	Total this page only	62091.04	243077.56	8525.94
Page No. 4 of 9	Total this page, enter grand totals of all pages	545160.04	1564321.02	87167.84

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Signature: REFERENCE COPY PREPARED BY PAYER/DO NOT FILE Date: 11/05/2007 Check if self-employed: ☐ Preparer's Social Security Number: 16-1124166

Preparer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Preparer's EIN: 15-085-9199

Employer's Name: PAYCHEX, INC. Address: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 Employer's EIN: 15-085-9199

For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199 For all other use only: 1175 JON STREET, WEST HARTFORD, CT 06108-3199

NYS-45-ATT
(03/01) Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0410-C025 NY 04266
US Employer Registration Number
Withholding Identification Number

TAXPAYER
7056417 5
133249550 1

Employer Legal Name
PARK IT MANAGEMENT CORP



A. This return covers the period indicated below:
Jan 1 - Dec 31
1 2 3 4 5 6 7 8 9 10 11 12
Y Y

Check applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) US total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
093-08-7854	DRAY LOUIS	3994.00	4674.00	327.50
094-58-7198	SPINDLER GARY Owner	4830.00	18260.00	2095.23
094-58-7559	SPINDLER ADAM Mgmt.	8160.00	29600.00	1742.46
096-17-5692	JEROMO EDGAR	0.00	5210.00	80.18
097-58-7022	ROMERO JORGE	4200.00	16900.00	379.14
098-00-7047	DE JESUS JIMENEZ ANGEL	3120.00	13720.00	368.52
100-74-5778	FERNANDEZ JUAN C	6505.00	20905.00	421.88
100-80-0875	GONZALEZ BIODIANI	3360.00	17085.00	315.54
104-54-2328	EVANS ALONZO	4960.00	19540.00	727.38
105-08-7556	CRUZ RAYMOND	2500.00	2500.00	58.40
108-90-8336	ALTAMIRANO NELSON	4770.00	19592.50	802.31
112-76-9558	PORRAS JEREMY	2400.00	6240.00	137.02
113-02-9159	RAMIREZ RICHARD A	4760.00	17240.00	514.38
113-08-0927	NICHAIL ERIC	2360.00	13035.00	315.36
Page No. 5 of 9	Total this page only	106579.00	365241.50	25948.30

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Check if self-employed	Preparer's signature
Preparer's name (for years, if self-employed)	PAYCHEX, INC.	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	15586-9199
Preparer's address	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	Preparer's EIN	16-1124166
Preparer's phone	718-224-1117	Preparer's fax	718-224-1117

NYS-45-ATT
(03/01) Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0410-C025 NY 04266
US Employer Registration Number
Withholding Identification Number

TAXPAYER
7056417 5
133249550 1

Employer Legal Name
PARK IT MANAGEMENT CORP



A. This return covers the period indicated below:
Jan 1 - Dec 31
1 2 3 4 5 6 7 8 9 10 11 12
Y Y

Check applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) US total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
116-50-5087	CHEREZ RAFAEL	3560.00	12764.00	133.14
117-74-2170	YOUSSEF TAAK	6317.50	25461.25	559.51
118-82-9682	MONROE JERRY WILLIAMS	3410.00	12610.00	285.52
119-32-3391	SPINDLER ERIC Mgr.	7877.50	25035.20	1300.33
120-87-6540	BUITRAGO ALEJANDRO	2640.00	11950.00	270.48
121-84-2958	DE LA CRUZ JUAN	6120.00	18450.00	556.16
122-44-0397	PERLAZA HORACIO	4760.00	18700.00	678.35
122-84-1562	MAWUD HESMAT	3540.00	10980.00	273.42
123-74-1470	ACEVEDO JOHN	4200.00	16125.00	518.05
123-50-6494	BAIGON SABASTIAN	4700.00	15980.00	485.65
124-55-4711	MONTALBANO LEBRAIS Office	9180.00	23110.00	1120.73
124-84-4326	HABIB SAMIR F	5585.00	23713.75	558.29
125-26-8572	PENA LOUIS FERNANDO	3920.00	18065.00	271.58
125-78-2488	GUZIEL WALTER	0.00	3960.00	214.16
Page No. 8 of 9	Total this page only	66020.10	242944.20	19509.73

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Check if self-employed	Preparer's signature
Preparer's name (for years, if self-employed)	PAYCHEX, INC.	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	15586-9199
Preparer's address	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	Preparer's EIN	16-1124166
Preparer's phone	718-224-1117	Preparer's fax	718-224-1117

NYS-45-ATT
(03/01) Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0410-C025 NY 04266
US Employer Registration Number
Withholding Identification Number

TAXPAYER
7056417 5
133249550 1

Employer Legal Name
PARK IT MANAGEMENT CORP



A. This return covers the period indicated below:
Jan 1 - Dec 31
1 2 3 4 5 6 7 8 9 10 11 12
Y Y

Check applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) US total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
125-82-8176	GARCIA ANGEL	4350.00	11820.00	353.94
127-92-5076	ISHAK REYAN B	0.00	5040.00	149.04
128-13-8295	WASSER RARY	2000.00	7430.00	210.14
129-85-3149	BERNARD ARTHUR	4570.00	16650.00	289.41
136-15-7347	SERANO RICARDO	2560.00	13616.00	295.61
138-04-7528	SUAREZ VICTOR HUGO	960.00	3595.00	87.60
139-08-0834	NECHAIER ERIC	3880.00	13315.00	204.71
139-11-1022	HANA PETER	2015.00	9771.00	148.98
141-15-1354	SHRIT NADEN	4910.00	15637.50	395.52
141-95-0388	MORCHO ALCEGADES	1540.00	6300.00	135.14
142-64-8361	GRADALES GUSTAVO	4030.00	14430.00	259.43
143-02-5635	RODRIGUEZ JUANLO	3890.00	13930.00	192.08
144-08-7349	GOMEZ HERMAN	4318.00	16602.00	292.44
149-48-5981	WOLAS FREDDY	4400.00	16800.00	448.17
Page No. 7 of 9	Total this page only	44514.00	165117.50	3473.31

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Check if self-employed	Preparer's signature
Preparer's name (for years, if self-employed)	PAYCHEX, INC.	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	15586-9199
Preparer's address	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	Preparer's EIN	16-1124166
Preparer's phone	718-224-1117	Preparer's fax	718-224-1117

NYS-45-ATT
(03/01) Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

0410-C025 NY 04266
US Employer Registration Number
Withholding Identification Number

TAXPAYER
7056417 5
133249550 1

Employer Legal Name
PARK IT MANAGEMENT CORP



A. This return covers the period indicated below:
Jan 1 - Dec 31
1 2 3 4 5 6 7 8 9 10 11 12
Y Y

Check applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) US total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
149-84-8558	ARDELAZ TULIO	0.00	3640.00	93.19
154-13-2084	GUZMAN GABRIEL JAIME	4170.00	15370.00	214.13
162-44-8728	CARANGUI JULIO	5270.00	21020.00	597.27
162-78-7612	ORTIZ RICARDO	3260.00	3840.00	93.44
165-09-7054	TORO ALEXANDER	5017.00	16993.25	452.55
171-76-8229	GUZMAN JORGE I	4510.00	14747.50	466.73
181-80-3295	GIBRIS MICHEL	4120.00	15460.00	161.14
201-58-0798	FAICAN MARCELO	2710.00	2710.00	73.98
202-34-7894	JEAN MARC JANVIER	7600.00	2800.00	70.20
213-76-4537	CARACHO JOHN	3670.00	12665.00	299.00
214-30-4781	TAMIAZO JORGE	0.00	760.00	12.51
216-37-8998	GARY ALEJANDRO	240.00	240.00	5.27
231-79-4958	MONTOTA FRANCISCO J	3870.00	14680.00	293.68
234-58-7850	ALTAMIRANO R FERNANDO	4170.00	15920.00	470.11
Page No. 8 of 9	Total this page only	44407.00	140685.75	3418.89

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PAYCHEX DO NOT FILE	Check if self-employed	Preparer's signature
Preparer's name (for years, if self-employed)	PAYCHEX, INC.	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	15586-9199
Preparer's address	1175 JOHN STREET EAST RICHMOND, NY 11435-9199	Preparer's EIN	16-1124166
Preparer's phone	718-224-1117	Preparer's fax	718-224-1117

6418-C025 NY D036
 LE Employer Registration Number
 Withholding Identification Number
 Employer Legal Name
 PARK IT MANAGEMENT CORP

TAYPAY#
7065417 5
133346590 1

A. This return covers the period indicated below:

Jan 1 - Mar 31	Apr 1 - Jun 30	July 1 - Sep 30	X	Oct 1 - Dec 31	04	7m Yrs
1	2	3	4		YY	

Check applicable box(es):

B. Other wages only reported on this page

C. Seasonal employer - check box

Annual wage and withholding totals
If this return is for the 4th quarter or the last
return you will be filing for the calendar year,
enter the annual totals.

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) LT total remuneration/overseas wages paid this quarter	(d) Gross wages subject to withholding	(e) Total base withheld
237-78-5035	URETILES WILMER	3920.00	15220.00	447.12
261-99-6569	ENRIQUET MIGUEL	3640.00	14300.00	354.75
300-52-3715	SANCHEZ SALVADOR GUERRER	3660.00	13937.00	368.01
312-76-5647	ESCHEYERRI ROGIS	685.00	685.00	13.98
333-72-2442	RODAS FRANCISCO	5095.00	18184.00	502.95
458-23-2725	MONTUZZO DIAZA <i>Office</i>	10840.00	35044.75	1826.61
461-57-2277	MEDINA SEGUNDO	4365.00	15266.00	94.13
583-63-2883	MALDONADO HECTOR	3540.00	4160.00	112.32
590-01-2538	NARAYAO JOHN F	2250.00	2250.00	52.56
608-06-6485	LOPEZ MARVIS	8462.50	20592.50	644.70
672-15-6700	BROWN MARCOS S	4450.00	10670.00	340.25
629-05-4891	JARAMILLO JOHN FREDDY	2100.00	14180.00	272.96
642-10-5950	URBILES GUILLERMO	2544.00	11384.00	214.10
647-12-9107	QUINTEROS SEGUNDO	3350.00	12500.00	303.50
Page No. 9 of 9	Total this page only	59023.50	190838.25	5609.03

If final page, enter grand totals

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	<i>(Preparer's signature)</i>	Telephone number	Date	Check if self-employed	Preparer's Social Security number
	REFERENCE NOT PREPARED BY PATCHES DO NOT FILE				
	<i>(Preparer's license for your state, if self-employed)</i>	1775 JUDON STREET PATCHES INC. ALBANY, NEW YORK 12206-1817	1254-9108		Preparer's EID TE-1124168
Payor's account name		Payee's name and address 1775 JUDON STREET PATCHES INC. ALBANY, NEW YORK 12206-1817	1254-9108	Firm EIN	16-1124168
PAYEE'S USE ONLY		Mail to (if different from above) CHURCH STREET STATION PO BOX 1817 NEW YORK NY 10206-1817			
For Office use only (continued)	Received date				

SCHEDULE B
(FORM 041)
(Rev. January 2000)

Employer's Record of Federal Tax Liability

► See Circular E for more information about employment tax returns.

CLUB No. 1545-Dodge

Department of the Treasury
Internal Revenue Service

Form 941-57

Employer identification number	
--------------------------------	--

Date quarter ended

PARK IT MANAGEMENT CORP	13-3949590	09/30/2004
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You must complete this schedule if you are required to deposit on a semiweekly schedule, or if your tax liability on any day is \$100,000 or more. Show tax liability here, not deposits. (The IRS gets deposit data from FTD computers or EFTPS.)

A. Daily Tax Liability — First Month of Quarter

1	9	15	22	28
2	7731.07	7860.10	8215.05	7271.83
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	


7	16	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482
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B. Daily Tax Liability — Second Month of Quarter

1	8	15	22	29
2	8	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

B Total tax liability for second month of course.....		B	31566.67
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C. Daily Tax Liability — Third Month of Quarter

1	8	15	22	29
2	9	16	23	30
3	7836.92	8464.56	7452.01	7769.23
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

C	Total tax liability for third month of quarter	C	31522.72
D	Total for quarter (add lines A, B, and C). This should equal line 12 of Form 941 (or line 10 of Form 941-SS)	D	102694.77

For Paperwork Reduction Act Notice, see instructions.

Schedule B (Form 941) (May 1-2004)

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[illegible]

SCHEDULE B
(FORM 041)
(Rev. January 2000)

Employer's Record of Federal Tax Liability

► See Circular E for more information about employment tax returns.

CLUB No. 1545-Entry

Department of the Treasury
Internal Revenue Service

Form 941-57

Employer identification number	
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Date quarter ended

PARK IT MANAGEMENT CORP	13-3949590	09/30/2004
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You must complete this schedule if you are required to deposit on a semiweekly schedule, or if your tax liability on any day is \$100,000 or more. Show tax liability first, not deposits. (The IRS gets deposit data from EFT deposits or EFTPS.)

A. Daily Tax Liability — First Month of Quarter

1	9	15	22	28
2	7731.07	7860.10	8215.05	7271.83
3				8527.39
4	10	17	24	31
5	11	18	25	
6	12	19	26	
7	13	20	27	
8	14	21	28	


7	16	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482
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B. Daily Tax Liability — Second Month of Quarter

1	8	15	22	29
2	8	16	23	30
3	10	17	24	31
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

B Total tax liability for second month of course.....		B	31566.67
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C. Daily Tax Liability — Third Month of Quarter

1	8	15	22	29
2	9	16	23	30
3	7836.92	8464.56	7452.01	7769.23
4	11	18	25	
5	12	19	26	
6	13	20	27	
7	14	21	28	

C	Total tax liability for third month of quarter	C	31522.72
D	Total for quarter (add lines A, B, and C). This should equal line 12 of Form 941 (or line 10 of Form 941-SS)	D	102694.77

For Paperwork Reduction Act Notice, see Instructions.

Schedule B (Form 941) (Rev. 1-2004)

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Form 941 (Rev. 10-2003)

Page 2

Part IV Medicare Tax Adjustment

(a) Period Covered (For quarterly returns, enter date quarter ended. For annual returns, enter year)	(b) Wages and Tips Previously Reported for Period	(c) Correct Wages and Tips for Period	(d) Medicare Tax Adjustment
1 SEPTEMBER 30, 2004	468941.00	468941.00	-37.61
2	0.00	0.00	0.00
3	0.00	0.00	0.00
4	0.00	0.00	0.00
5 Table, if more than one page, enter total on first page only	468941.00	468941.00	-37.61
6 Total Medicare tax adjustment. If more than one page, enter total of all columns (d) on first page only. Enter here and on the appropriate line of the return with which you file this form.			-37.61
7 Net wages and tip adjustment. If more than one page, enter total of all lines 7 on first page only. If line (d) is smaller than line (b), enter difference in parentheses.			-37.61
Part V Explanation of Adjustments			

NAMES VOIDED AFTER THE CLOSE OF 3RD QUARTER 2004

CAA 3 84102 017 2300 138 Copyright 2003 Thomson Software - A World Software Company

NYS-45-X
(100)Amended Quarterly Combined Withholding,
Wage Reporting and Unemployment Insurance Return

UI Employer Registration Number	7066417	5	If seasonal employer, check box:				
Withholding Identification Number	133949590	1	This return should be completed to amend a previously filed return. A separate return must be completed for each quarter to be amended. Check only ONE box to indicate the quarter and enter the tax year.				
Employer Legal Name	PARK IT MANAGEMENT CORP						
1	Jan 1	2	Apr 1	3	Jul 1	4	Oct 1
			X				
							YY

Part A — Unemployment Insurance (UI) Information

Previously Reported Amounts	Correct Amounts	Difference	
1. Total remuneration paid this quarter	468941.00	468909.00	-32.00
2. Remuneration paid this quarter to each employee in excess of the taxable limit (see line 1)	343358.00	342706.00	-652.00
3. Wages subject to contribution (subtract line 2 from line 1)	125583.00	126203.00	+620.00
4. Enter rate See line 3, 0.00 % If rate is less than 1.00% or subsequent years, your Tax Rate includes a 0.75% re-employment fund fee rate. Payments to this fund are not creditable for FUTA contributions.			

5. UI contributions due (multiply line 3 by line 4)	3784.49	3786.09	
6. Overpayment to be applied to outstanding liabilities and/or refunded. (If line 5a is greater than 5b, enter the difference here)		8.40	

Part B — Withholding Tax (WT) Information

Previously Reported Amounts	Correct Amounts (an amount equal to or greater than zero must be entered on each line)	WT
8. New York State tax withheld	14816.43	14796.97
9. City of New York tax withheld	6173.45	6160.63
10. City of Yonkers tax withheld		
11. Total tax withheld (add lines 8, 9, and 10)	20989.88	20957.66
12. If you checked line 5b on your previous quarter's Form NYS-45, enter the amount from line 20 of that form		
13. NYS-1 payments made for the quarter you are amending		20341.58
14. WT payments made with previously filed Forms NYS-45 (line 10) and/or NYS-45-X (line 10) for the quarter you are amending		648.30
15. Total payments (add amounts on lines 12, 13, and 14)		20999.88
16. Overpayment, if any, shown on previously filed Forms NYS-45 (line 20) and/or NYS-45-X (line 18)		
17. Subtract line 16 from line 15	20989.88	
18. Overpayment to be applied to outstanding liabilities and/or refunded (If line 17 is greater than line 11, enter the difference here)		32.22
19. Additional Withholding Tax Amount due (If line 17 is less than line 11, enter the difference here)		
20. Additional payment due (add lines 7 and 19; make one sentence payable to NYS Employment Taxes) An overpayment of other tax cannot be used to offset amounts due on the other type		

Employer's Signature (Print Name and Title)

Signature of Employer (Print Name and Title)

Signature of Employer (Print Name and Title)

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NYS-45-X (100) Page 2

UI Employer Registration Number
7066417**Part C — Amended Employee Wage and Withholding Information**

Amended quarterly employee wage reporting information (see instructions on filing amended wage and withholding information)	Annual wage and withholding totals (If you enter in the 40 column in the last column you will be filing for the calendar year, otherwise column 40 and 41. If you enter wages subject to withholding, enter the total tax withheld.)
(a) Social security no.	(b) Last name, first name, middle initial
064-94-4508 ROJAS, LUIS JAVIER	3502.50
132-92-9076 ISHAK, REFAAT R	1120.00
REINALES, RUBEN	1600.00

Part D — NYS-1 Corrections/Additions

Use Part D ONLY for corrections/additions to the quarter being reported in Part B of THIS return. ALL corrections to withholding information originally reported on NYS-1 (b) filed for the quarter must be reported here by completing columns (a), (b), (c), and (d). ALL additional withholding information NOT previously reported on NYS-1 (b) must be reported here by completing ONLY columns (a) and (b). Correct amounts, lines 8 through 11 on page 1 of this return, MUST reflect these corrections/additions. See Form NYS-45-X, Instructions for Form NYS-45-X, Amended Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return.

(a) Original Last Payroll Date Reported on NYS-1, Line A (NUMBER)	(b) Original Total Withheld Reported on NYS-1, Line 4	(c) Correct Last Payroll Date (NUMBER)	(d) Correct Total Withheld

AMS

If you have permanently discontinued your business, or have sold your business in whole or part, please complete Forms DTF-64, Change of Business Information, and 14-15, Change of Business Information for the Unemployment Insurance Program.

If you are using a paid preparer or a paid service, the section below must be completed:

Paid Preparer's Name	Preparer's Signature	Telephone Number	Date	Check if self-employed	Preparer's EIN or PTIN
		(732) 968-2700			161124166

Checklist for filers: • File original return and prepare copy for your records

• Complete lines 7 and 18 to ensure proper credit of your payment

• Enter your Withholding ID Number on your remittance

• Make remittance payable to NYS Employment Taxes

• Enter your telephone number below your signature

• Read help or form 941-X (100) 872-1223

This is a schedule form; please file this original

Mail to:

NYS EMPLOYMENT TAXES

CITY STREET STATION

PO BOX 1417

NEW YORK NY 10004-1417

0416-CB25 TAXPAY* 04276

Form 941
Rev. January 2004
Department of the Treasury
Internal Revenue Service


Employer's Quarterly Federal Tax Return

See separate instructions revised January 2004 for information on completing this return.
Please type or print.

Enter state code for state in which employer was located only if different from state in address to which the return is sent 2 of 4 separate instructions	PARK IT MANAGEMENT CORP 250 W 25TH ST NEW YORK NY 10001	SEPT 30 2004 13-3749590	DMD No. 1914-0328 T FF FD FP T
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11 address is different from prior return, check here	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38
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[illegible]

NYS-45 (FORM)		Quarterly Combined Withholding and Unemployment Insurance Return-Attachment		 600151212										
0418-CQ25 NY 04256	TASPA*													
LI Employer Registration Number	7058117 5													
Withholding Identification Number	132949590 1													
Employer Legal Name PARK IT MANAGEMENT CORP		A. This return covers the period indicated below: <table border="1" style="float: right; margin-left: auto;"> <tr> <th>Jan 1 -</th> <th>Apr 1 -</th> <th>July 1 -</th> <th>Oct 1 -</th> <th>Year</th> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>Y Y</td> </tr> </table>			Jan 1 -	Apr 1 -	July 1 -	Oct 1 -	Year	1	2	3	4	Y Y
Jan 1 -	Apr 1 -	July 1 -	Oct 1 -	Year										
1	2	3	4	Y Y										
		Check applicable box(es): B. Other wages only reported on this page..... C. If seasonal employee, check box..... Annual wages paid in withholding installments. If this return is for the 4th quarter or the last return you will file for the calendar year, complete columns (g) and (h). (g) Gross wages subject to withholding (h) Total less withheld												
Quarterly employee/payee wage reporting information														
(a) Social security no.	(b) Last name first name middle initial	(c) LI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total less withheld										
051-80-2211	CARDENAS IVAN WILFRIED	3120.00												
052-64-2079	IMANTE MANUEL	2923.00												
053-78-2419	FABIAN ROBERTO	4882.50												
057-43-0892	LUNA WALTER	3540.00												
057-89-5910	GERMASEN JESSE MIGUEL	3500.00												
058-72-8457	JIMENEZ FELIPE	4366.00												
051-80-0421	LOPEZ JOSE V	1246.00												
051-92-1403	BREITTS GERMAN	2390.00												
052-94-1941	SHEROGA JOHN KAMAL	250.00												
054-91-4508	ROMAS LUIS JAVIER	3915.00												
055-20-3748	SANANZO RAUL	3090.00												
055-62-2739	GUILAN ASIBUAR	8050.00												
055-68-6139	DUGAN RAFAEL	3520.00												
059-85-3895	LAICHEZ SANTOS	4150.00												
Page No. Z of	Total this page only _____	47557.50												
If first page, enter gross totals of all pages _____														
If you are using a paid preparer or a payroll service, the section below must be completed:														
<table border="1" style="width: 100%;"> <tr> <td> Paid Preparer's name: DIFERENCIA COPE PAYSHEET BY PARKET INC NOT FILE Prepare's true name (or firm, if self-employed) PARKET, INC. </td> <td> Taxpayer's address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121 </td> <td> Date: 11-05-01-29 </td> <td> <input type="checkbox"/> Check if self-employed </td> <td> <input type="checkbox"/> Prepare's actual liability number: 15-1124165 </td> </tr> <tr> <td> Payroll service address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121 </td> <td> Federal tax identification number: PO BOX 1817 NEW BRUNSWICK, NJ 08901-1817 </td> <td> Payroll service's EIN: 14508-0799 </td> <td colspan="2"> Prepare's EIN: 15-1124165 </td> </tr> </table>					Paid Preparer's name: DIFERENCIA COPE PAYSHEET BY PARKET INC NOT FILE Prepare's true name (or firm, if self-employed) PARKET, INC.	Taxpayer's address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121	Date: 11-05-01-29	<input type="checkbox"/> Check if self-employed	<input type="checkbox"/> Prepare's actual liability number: 15-1124165	Payroll service address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121	Federal tax identification number: PO BOX 1817 NEW BRUNSWICK, NJ 08901-1817	Payroll service's EIN: 14508-0799	Prepare's EIN: 15-1124165	
Paid Preparer's name: DIFERENCIA COPE PAYSHEET BY PARKET INC NOT FILE Prepare's true name (or firm, if self-employed) PARKET, INC.	Taxpayer's address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121	Date: 11-05-01-29	<input type="checkbox"/> Check if self-employed	<input type="checkbox"/> Prepare's actual liability number: 15-1124165										
Payroll service address: 1175 YORK STREET NEW BRUNSWICK, NJ 08901-2121	Federal tax identification number: PO BOX 1817 NEW BRUNSWICK, NJ 08901-1817	Payroll service's EIN: 14508-0799	Prepare's EIN: 15-1124165											
<table border="1" style="width: 100%;"> <tr> <td> Paid by (check one) <input checked="" type="checkbox"/> Self <input type="checkbox"/> Agent </td> <td> Recycled Rate <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td colspan="3"></td> </tr> </table>					Paid by (check one) <input checked="" type="checkbox"/> Self <input type="checkbox"/> Agent	Recycled Rate <input type="checkbox"/> Yes <input type="checkbox"/> No								
Paid by (check one) <input checked="" type="checkbox"/> Self <input type="checkbox"/> Agent	Recycled Rate <input type="checkbox"/> Yes <input type="checkbox"/> No													

NYS-45-ATT (PAI)
Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

 0418-C025 NY 04276
 LE Employer Registration Number 7056417 5
 Withholding Identification Number 132945590 1
 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1- Apr 1- Jul 1- Oct 1- Dec 31-
 Year 1 2 3 4 5 6 7 8 9 0
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) LE total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
065-08-6822	FILFO RAIL	6523.75		
067-02-4504	MALDONADO RICARDO	5524.00		
067-00-8903	MALDONADO MARCOS	3780.00		
071-91-3720	CASSELL AUBREY	3540.00		
074-05-5753	LYDIA FREDDY	3120.00		
076-02-3181	TJRED FRANCISCO	4555.03		
078-02-0569	BENCOSME ELVIS	4700.00		
078-90-8639	CORONEL WILSON FERNANDO	3120.00		
077-86-2776	BARAHONA RAIL	7810.00		
083-74-3472	IBRAHEIM MICHAT	4180.00		
084-92-5183	SIENODA VASSEN KAMAL	3150.00		
085-50-0578	CHERREZ FERNANDO	4920.00		
085-04-0071	BARRIOS WILLIAM	4700.00		
085-52-1650	MOSES JOEL	10184.16		
Page No. 3 of 8		Total this page only 55231.91		

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's signature	Telephone number	Date	Check if self-employed	Preparer's social security number
PAID PREPARER'S USE	REFERENCE COPY PREPARED BY PAYCHEX, INC. DO NOT FILE			
Preparer's firm name (or name, if self-employed)	Address	City	State	Zip
PAYCHEX, INC.	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		
Preparer's address	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		

NYS-45-ATT (PAI)
Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

 0418-C025 NY 04276
 LE Employer Registration Number 7056417 5
 Withholding Identification Number 132945590 1
 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1- Apr 1- Jul 1- Oct 1- Dec 31-
 Year 1 2 3 4 5 6 7 8 9 0
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) LE total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
087-88-3684	ATIX HAY FAYEX	4200.00		
089-76-8600	POLANCO VICTOR	3180.00		
089-90-8900	STIER NADIAH	912.00		
090-77-8741	RIVERA WALTER	3360.00		
091-76-4784	ACOSTA FELIPE	3500.00		
091-92-7830	MARTE VICTOR	3558.00		
092-82-9582	PEREZ CARLOS	3640.00		
093-70-7150	HERRERA GERARDO	10164.16		
093-05-6913	SANCHEZ ALVARO	4460.00		
093-05-7894	GRAYO LUIS	760.00		
091-58-7159	SPINOLER GARY	44850.00		
091-58-7559	SPINOLER ADAM	7150.00		
097-68-7827	ROMERO JORGE	3500.00		
098-50-7047	DE JESUS JIMENEZ ANGEL	3500.00		
Page No. 4 of 8		Total this page only 87992.15		

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's signature	Telephone number	Date	Check if self-employed	Preparer's social security number
PAID PREPARER'S USE	REFERENCE COPY PREPARED BY PAYCHEX, INC. DO NOT FILE			
Preparer's firm name (or name, if self-employed)	Address	City	State	Zip
PAYCHEX, INC.	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		
Preparer's address	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		

NYS-45-ATT (PAI)
Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

 0418-C025 NY 04276
 LE Employer Registration Number 7056417 5
 Withholding Identification Number 132945590 1
 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1- Apr 1- Jul 1- Oct 1- Dec 31-
 Year 1 2 3 4 5 6 7 8 9 0
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) LE total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
100-74-6778	FERNANDEZ JUAN C	5100.00		
100-80-0876	GOMEZALEX GIOVANNI	3120.00		
104-54-2328	EVANS ALONZO	4420.00		
108-58-8336	ALTHARAND NELSON	4620.00		
109-65-4321	SCOHY NADER	3640.00		
112-76-9858	FORRAS JEREMY	2880.00		
113-82-1159	RAMIREZ RICHARD A	3060.00		
113-83-0927	KIDWILL ENAD	2880.00		
115-50-9087	CHERREZ RAFAEL	1654.00		
117-78-2170	YOUSSEF TARAK	5866.25		
118-82-5682	MORENO HENRI WILLIAMS	3220.00		
119-72-3393	SPINOLER FRED	7128.20		
120-87-6540	BUTRAGO ALEJANDRO	3380.00		
121-81-1958	DE LA CRUZ JUAN	4600.00		
Page No. 5 of 8		Total this page only 55279.45		

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's signature	Telephone number	Date	Check if self-employed	Preparer's social security number
PAID PREPARER'S USE	REFERENCE COPY PREPARED BY PAYCHEX, INC. DO NOT FILE			
Preparer's firm name (or name, if self-employed)	Address	City	State	Zip
PAYCHEX, INC.	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		
Preparer's address	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		

NYS-45-ATT (PAI)
Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return-Attachment

 0418-C025 NY 04276
 LE Employer Registration Number 7056417 5
 Withholding Identification Number 132945590 1
 Employer Legal Name
 PARK IT MANAGEMENT CORP

 A. This return covers the period indicated below:
 Jan 1- Apr 1- Jul 1- Oct 1- Dec 31-
 Year 1 2 3 4 5 6 7 8 9 0
 Check applicable box(es):
 B. Other wages only reported on this page
 C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name first name middle initial	(c) LE total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
122-44-0187	PERLAJA GERARDO	1420.00		
122-64-1962	HANDED HEDMAT	3120.00		
123-74-1479	ACEVEDO JENNY	3900.00		
123-80-6494	BANCON SEBASTIAN	4300.00		
124-56-4711	MONTALBANO LORRAINE	4810.00		
124-81-4326	HABIB SAMIR F	5557.50		
125-75-8672	PERLA LOUIS FERNANDO	3640.00		
125-78-2188	GUTIEL WALTER	1400.00		
125-82-8176	GARCIA ANGEL	3320.00		
127-92-8076	ISHAK REFANT R	1400.00		
125-84-9349	BERNARD ANTONIO	4500.00		
126-15-7347	SERANO RICARDO	3310.00		
138-04-7539	SUAREZ VICTOR NICO	2736.00		
138-08-0834	HERRERA ENAS	3120.00		
Page No. 6 of 8		Total this page only 50063.50		

If you are using a paid preparer or a payroll service, the section below must be completed:

Preparer's signature	Telephone number	Date	Check if self-employed	Preparer's social security number
PAID PREPARER'S USE	REFERENCE COPY PREPARED BY PAYCHEX, INC. DO NOT FILE			
Preparer's firm name (or name, if self-employed)	Address	City	State	Zip
PAYCHEX, INC.	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		
Preparer's address	1175 JPM STREET	NEW YORK	NY	10008-1417
Preparer's EIN	14586-9199	16-1124166		

Who are using a paid preparer or a payroll service, the section below must be completed:									
Prepare a signature		Telephone number		Date		Check if and completed <input type="checkbox"/>		Preparer's Social Security Number	
Paid		Difference from Preparer by		PAID BY		PAID BY		Preparer's SSN	
Preparer's Name		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Address		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Phone Number		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Fax Number		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Email Address		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Signature		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Title		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Date		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Date		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Date		1175 JOHN STREET		NY		1586-9199		16-112416	
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Preparer's Date		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Date		1175 JOHN STREET		NY		1586-9199		16-112416	
Preparer's Date </									

5852267500

NYS-45-ATT
(2007)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04057
Employer Registration Number 7056417 5
Withholding Identification Number 133949500 1TAXPAYER
7056417 5
A. This return covers the period indicated below:
X Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y YEmployer Legal Name
PARK IT MANAGEMENT CORPCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
	DE CASTRO SERGIO	4570.00		
	GONZALEZ NILTON	4350.00		
	RETAMALES RUBEN	3120.00		
	LOYOLA EUGENIO	4590.00		
010-30-1023	AGUILERA HARID AGNES PENA	3120.00		
030-05-1656	GALLEGOS TELMO	5975.00		
030-97-4519	ROJAS RAICELLO	3000.00		
031-82-4531	PAIDA JOEL	3250.00		
039-10-7435	QUINTEROS WILSON	3120.00		
039-15-2597	LUNA DANIEL	3120.00		
042-54-5438	COMPUZANO JULIO CESAR	3540.00		
043-84-5391	SALAZAR OSCAR	4512.50		
047-90-2244	ACORDADO GERMAN	4013.75		
050-44-0917	GERBER MITCHELL	5500.00		

Page No. 1 of 8 Total this page only 56141.25
If first page, enter grand totals of all pages 465012.05

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PATCHEX DO NOT FILE	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Preparer's signature	Address	Date	Preparer's EIN
1175 JOHN STREET NEW YORK, NY 10038-1417	14586-9199	16-1124166	
Payroll service name	Payroll service address	Payroll service EIN	Payroll service EIN
PATCHEX, INC.	1175 JOHN STREET NEW YORK, NY 10038-1417	14586-9199	16-1124166

NYS-45-ATT
(2007)Quarterly Combined Withholding, Wage Reporting
and Unemployment Insurance Return-Attachment

60015112

0418-C025 NY 04057
Employer Registration Number 7056417 5
Withholding Identification Number 133949500 1TAXPAYER
7056417 5
A. This return covers the period indicated below:
X Jan 1- Mar 31 Apr 1- Jun 30 Jul 1- Sep 30 Oct 1- Dec 31
1 2 3 4 Y YEmployer Legal Name
PARK IT MANAGEMENT CORPCheck applicable box(es):
B. Other wages only reported on this page
C. If seasonal employer, check box

Quarterly employee/payee wage reporting information

(a) Social security no.	(b) Last name, first name middle initial	(c) UI total remuneration/gross wages paid this quarter	(d) Gross wages subject to withholding	(e) Total tax withheld
051-80-2211	CARDENAS IVAN WILFREDO	3120.00		
052-64-2079	CHASTE NAMIEL	3120.00		
057-43-0892	LUNA WALTER	4200.00		
057-80-5910	GERHUSEN JOSE HENRI	3030.00		
058-72-8457	JIMENEZ FELIPE	3350.00		
060-78-3527	FARIAN ROBERTO	3952.00		
061-88-0424	LOPEZ JOSE V	3540.00		
061-97-1409	BRITOS GERMAN	930.00		
065-70-1948	SANABO RAOUL	920.00		
065-82-3368	GAULAN ASHVAR	7150.00		
065-86-8139	DURAN RAFAEL	5120.00		
065-86-3895	SANCHEZ SANTOS	3900.00		
066-89-6822	FILPO RAOUL	3705.00		
067-62-4504	MALDONADO RICARDO	7181.20		

Page No. 2 of 8 Total this page only 52849.20
If first page, enter grand totals of all pages

If you are using a paid preparer or a payroll service, the section below must be completed:

Paid Preparer's Use	REFERENCE COPY PREPARED BY PATCHEX DO NOT FILE	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Preparer's signature	Address	Date	Preparer's EIN
1175 JOHN STREET NEW YORK, NY 10038-1417	14586-9199	16-1124166	
Payroll service name	Payroll service address	Payroll service EIN	Payroll service EIN
PATCHEX, INC.	1175 JOHN STREET NEW YORK, NY 10038-1417	14586-9199	16-1124166

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067-80-8903	MALDONADO MARCOS	3120.00		
074-05-0753	LODOLA FREDY	3360.00		
076-62-3191	TIMED FRANCISCO	5925.00		
076-02-0869	BENCOENE ELVIS	3025.00		
076-50-8639	CONDELL WILSON FERNANDO	3120.00		
077-64-2778	BARAHONA RAOUL	7650.00		
083-74-6472	IBRAHEM HIDIAT	4940.00		
085-36-4635	GRODNEZ ENRIQUE	3120.00		
085-50-0578	CHERRER FERNANDO	6120.00		
085-84-0071	BARRIOS WILLIAM	3440.00		
085-57-4660	NUYES JOEL	7181.20		
087-88-2664	ARIX HADY FATEX	4675.00		
089-76-8600	POLANCO VICTOR	3120.00		
089-90-9000	STIER HASIAT	3120.00		

Page No. 3 of 8 Total this page only 81971.20
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Quarterly employee/payee wage reporting information

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090-77-8741	RIVERA WALTER	3555.00		
090-80-2256	COMPUZANO JOSE	2490.00		
091-63-6456	FAJARDO CESAR	3120.00		
091-76-4781	ACOSTA FELIPE	3900.00		
091-92-7830	MARTE VICTOR	3540.00		
092-82-9582	PEREZ CARLOS	3640.00		
093-70-7650	NEGRERA GERARDO	7231.20		
093-88-6512	SANCHEZ ALVARO	4160.00		
094-58-7195	SPINOLER GARI	44850.00		
094-58-7559	SPINOLER ADAN	7150.00		
095-17-5653	LEMOYD EDGAR	3360.00		
097-68-7827	ROMERO JORGE	3600.00		
098-80-7047	DE JESUS ZHONCE ANGEL	3320.00		
100-74-5778	FERNANDEZ JUAN E	4320.00		

Page No. 4 of 8 Total this page only 98926.20
If first page, enter grand totals of all pages

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